# State of New Hampshire
## 2015 ANNUAL REPORT

**The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22.**

**REPORT DUE BY April 1, 2015**

**ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.**

**Filed**
**Date Filed: 03/06/2015**
**Business ID: 10095**
**William M. Gardner**
**Secretary of State**

CONCORD COACH LINES, INC.

**7 LANGDON ST**
**CONCORD, NH 03301**

ENTITY TYPE: CORPORATION
BUSINESS ID: 10095
STATE OF DOMICILE: NEW HAMPSHIRE

PASSENGER TRANSPORTATION

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**ADDRESS OF PRINCIPAL OFFICE:**
**7 LANGDON ST**
**CONCORD, NH 03301**

**REGISTERED AGENT AND OFFICE:**
**RUEDIG, MICHAEL D, ESQ**
**214 N MAIN STREET**
**CONCORD, NH 03301**

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**If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.**

☐ The new mailing address

☐ The new principal office address

**PO Box is acceptable.**

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**OFFICERS** — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
**(MUST LIST AT LEAST ONE OFFICER BELOW)**

PRES. **Harry W. Blunt**
STREET **7 Langdon St**
CITY/STATE/ZIP **Concord NH 03301**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

**BOARD OF DIRECTORS** — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
**(MUST LIST AT LEAST ONE DIRECTOR BELOW)**

DIR. **Harry W. Blunt**
STREET **7 Langdon St**
CITY/STATE/ZIP **Concord NH 03301**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

**Sign here:** **Harry W. Blunt**

**Please print name and title of signer:** **Harry W. Blunt** / **PRESIDENT**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

1009520151004

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**
**REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED**

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301